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CENTRAL FAX CENTER**OCT 23 2006****FAX TRANSMISSION****DATE:** October 23, 2006**PTO IDENTIFIER:** Application Number 10/625,853-Conf. #8010
Patent Number**Inventor:** Tetsuya Okumura et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** EDWARDS ANGELL PALMER & DODGE LLP
William J. Daley, Jr.**PHONE:** (617) 439-4444**Attorney Dkt. #:** 59626(70904)**PAGES (Including Cover Sheet):** 7**CONTENTS:** One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Amendment After Final Action Under 37 C.F.R. 1.116 (23 pages)
Transmittal (1 page)
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Application No. (if known): 10/625,853

Attorney Docket No.: 59626(70904)

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One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)

Amendment After Final Action Under 37 C.F.R. 1.116 (3 pages)

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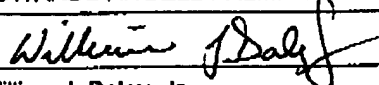
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/625,853-Conf. #8010
	Filing Date	July 22, 2003
	First Named Inventor	Tetsuya Okumura
	Art Unit	2133
	Examiner Name	R. S. Dildine
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ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD. Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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Date	October 23, 2006	Reg. No.	35,487